



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

RCRA RECORDS CENTER
FACILITY ATOHAAS NORTH
I.D. NO. CTD 010161099
FILE LOC. _____
OTHER _____

INSTALLATION ADDRESS

CTD010161099

TUFFAK INC
P O BOX 436
KENSINGTON

CT 06037

OLD BRICKYARD LANE
KENSINGTON

CT 06037

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D010161099 Company Name: E L F AUTOCHEM ATOGLAS DIV

Date of Request: 6/28/00 Town: KENSINGTON

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	E L F AUTOCHEM ATOGLAS DIV	ATOFINA CHEMICALS INC	PER LETTER 6/26/00
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D010161099

Company Name: ATOHAAS NORTH AMERICA INC

Date of Request: 3/21/00

Town: KENSINGTON

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	ATOHAAS NORTH AMERICA INC CT DIV	ELF ATOCHEM - ATOGLAS DIV ELF ATOCHEM	PER 99 SQG REPORT
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D010161099

Company Name: ATOHASS NORTH AMERICA INC CT DIV

Date of Request: MARCH 19, 1998

Town: KENSINGTON

Handwritten:
JG
4/9/98
QC
6/5/98

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	ATOHASS NORTH AMERICA INC CT DIV	ATOHAAS AMERICAS INC CT DIV	PER 1997 SQG REPORT
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 010161099

Company Name: ATOHAAS North American Inc. CT DIV

Date of Request: 9-30-94

Town: Kensington

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	ATOHAAS NORTH AMERICAN INC. CT DIV	ATOHAAS NORTH AMERICAN INC. CT DIV	per 93 SQG Report
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone	203 828-3593	203 829-3231	per 93 SQG Report
V.a. Ownership			
b. Property Owner			
VI. Status	<p>Originally notified as: (please circle) SQG (<100 kg/month) SQG (100 - 1000 kg/month) Generator (>1000 kg/mth) Transporter T/S/D Facility</p>		
	<p>Change Status to:</p> <p>NAME: <u>Atohas North American</u> ID. NO.: <u>CTD010161099</u> FILE LOC: <u>A-114</u> OTHER: _____</p>		

REQUEST FOR CHANGEEPA ID #: CTD010161099COMPANY NAME: Rohm and Haas Connecticut, IncDate of Request: 9/24/92TOWN: Kensington

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	Rohm and Haas Connecticut, Inc	Atohaas North America, Inc (Connecticut Division)	Sale of Business and Assets
II**	Location of Installation	128 Old Brickyard Lane, Kensington, CT 06037	SAME	
III	Installation Mailing Address	Same as above	SAME	-
IV a.	Installation Contact's Name	Bruce Ogan	SAME	
b.	Installation Contact Title	S.H.E. Manager	SAME	
c.	Installation Contact Phone #	828-3593 ext.231	SAME	
V a.	Ownership & Address	Rohm & Haas Company Independence Mall West Philadelphia, PA 19105	Atohaas North America, Inc Independence Mall West Philadelphia, PA 19105	DATE OF OWNERSHIP CHANGE: October 1, 1992
b.	Property Owner & Address	same as above	same as above	DATE OF OWNERSHIP CHANGE: October 1, 1992
VI	Status	(Originally notified as:) SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to: same as original	

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

** If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.

REQUEST FOR CHANGEEPA ID #: CTD 010161099COMPANY NAME: Rohm and Haas Connecticut, Inc.TOWN: Kensington, CT 06037

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Laurence Kolanko	Bruce Ogan	9/17/91 REVIS
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to: SQG (100-1000kg)	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

REQUEST FOR CHANGE

EPA ID #: CTD 010101059

COMPANY NAME: Rohn & Hass

TOWN: Kensington

~~4/90~~
~~3/90~~

SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I Name of Installation	Rohm & HASS	Rohm & HAAS	typo - form IC
II Location of Installation		<i>[Signature]</i> 04/27/99	
III Installation Mailing Address			
IV a. Installation Contact's Name			
b. Installation Contact Title			
c. Installation Contact Phone #			
V a. Ownership			
b. Property Owner			
VI Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	
X EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

30 9/17

REQUEST FOR CHANGE

EPA ID #: CTD 010161099COMPANY NAME: Rohm and Conn. IncTOWN: Kensington

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation	Rohm and Conn. Inc.	Rohm and Haas Connecticut, Inc.	1986 SQG report
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Cahill Richard	Wingfield, David M.	
b.	Installation Contact Title		Plant Manager	
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

5/22/87
SW

REQUEST FOR CHANGE

EPA ID #: CTD 010161099COMPANY NAME: Rohm and Connecticut IncTOWN: Kensington

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation	Rohm and Connecticut	Rohn and Haas Conn., Inc.	status change request form 2/17/87
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

5/19/87
SW

EPA DATA BASE (PRINTOUT) UPDATE FORM

CT DEP Staff: Sharon Cousin

Date: 4 / 9 / 86
Month Day Year

Month Day Year
Rothm And. Hmss (C) N INC -
INC

EFAID Number CITD: 010161099

[illegible]

PART A RE-ENTRY FORM

Facility EPA ID # CTD 010161099

Notification Screen ADD: Facility Status Indicator 1
ADD: TSD Indicator "C"

Maintenance Screens

FC Screen:

Delete Comment 001 \$

C1 Screen:

Add Process Codes:

Code	Amount	Unit
<u>501</u>	<u>5000</u>	<u>G</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Part A Screens

Screen 2: Add Map Indicator A
Add Business Indicator A

Screen 3: Add Date Received 801116
Add Existence Date 760615

Screen 5: Add Drawing Indicator A
Add Photo Indicator N

Other:

*done
1/28/85
m. yules*

4. The Bick

October 18, 1984

Mr. Edward Parker, Assistant Director
Hazardous Waste Management Section
Department of Environmental Protection
165 Capitol Avenue/State Office Building
Hartford, Connecticut 06106

Dear Mr. Parker:

This is in continuation of our response to your letter dated July 6, 1984, concerning status changes from a list of 122 TSD facilities.

Presently, EPA is processing status changes for 22 facilities. Enclosed is a list of those facilities and the changes made. Also enclosed are the Part A permit applications to be returned by DEP to the respective facility. Please copy EPA on your letter transmitting the Part A's to the former facilities.

If you have any questions, please contact Jim Pender at (617) 223-5900.

Sincerely,

William R. Torrey, III
CT. State Coordinator

Enclosure

cc: J. Pender

CONCURRENCES

SYMBOL							
SURNAME							
DATE							

DONE BY:

M. Jules

DATE:

10/24/84

PART A RETURN MAINT FORM

FACILITY I.D. #:

CTD 010161099

NOTIF SCREEN:

1. Delete T-S-D
2. Delete Facility Status

FC CARD:

1. Comment:

5, gen only.

C1 CARD:

1. Delete Process Codes:

501

(0+) NR = 2.

PART A SCREENS:

1. SCREEN #2: Delete Map and Nature of Business
2. SCREEN #3: Delete Date Rec'd
Existence Date
Permit Status
3. SCREEN #5: Delete Drawings and Photos

OTHER:



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



July 6, 1984

Mr. Bill Torrey
Waste Management Branch
U.S. EPA
19TH Floor
JFK Federal Building
Boston, MA 02203

Dear Mr. Torrey:

As of February 29, 1984 Our Department has status change requests from 122 TSD facilities. Enclosed you will find a list of these facilities and the departments determination regarding each request.

At present 115 inspections have been completed. Seven (7) facilities are in the process of being inspected. I fully expect that a final decision will be made on the remaining seven requests by mid-July. A letter will follow stating the departments disposition on these requests.

As you discussed with Christene Jordan of my staff, an individual letter to each facility that requested a status change will be sent at some point after the new computer system is in operation. This should be completed on or before September 30, 1984.

It is expected that public notice for noticing termination of interim status for the facilities will be finalized in late summer or early fall.

Should you have any questions concerning this matter please contact David Dods or Christine Jordan at 566-4869.

Sincerely,

Ed Parker
Assistant Director
Hazardous Waste Management Section

ECP:CJ:dn

cc: D. Dods DEP
C. Jordan DEP
enc.

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

An Equal Opportunity Employer

JUL 11 1984

Name of Facility/Address	EPA I.D. No.	Date of Request	Reason for Request	Date of Inspection	Target Emissions	Process/ Hold Comments
Tech Circuits Inc. Silver Smith Park Quinnipiac St PO Box 354 Bridgeport, CT 06602	CTD01817926	9-25-82		10-26-83	Gen	OK to Process
Tech Systems Corp 401 Waterbury Rd Thermapark, CT 06787	CTD058865072	8-6-82		8-22-83	Gen	hold - must wait closure of outdoor improvements
Tech Inc 114 New Park Dr. Bolin, CT 06037	CTD00144487	7-15-83		4/27/84	Gen	Process
Texas Inc Riverside Dr. East Hartford, CT	CTD0410332633	4-14-82		11-1-83	Gen	Process
3-M MacDermid 810 E. Main St Rockville, CT 06066	CTD001154012	3-17-83		4-8-81	Gen	appears as picture as greater
Times Corp Park Rd ext Middletown, CT 06720	CTD001165208	8-12-82		10/31/83	Gen	process not meeting 900 story
Townsend Industries Inc 51 Calders Rd Orange, CT 06047	CTD0056745540	10-13-82		4-19-83	Gen	Process
Trump America Inc Farmington Industrial Park Farmington, CT 06032	CTD001451855	1-27-83		7-16-86	SAC	hold as 10/21 on printout - per by EPA
AT Tick Co PO Box 215 Tick Rd Bridford, CT 06804	CTD001451855	7-30-82		6-1-83	SAC	Process
Rohm + Haas Corporation Inc Old Brickyard Ln. Hensington, CT 06037	CTD010161099	9-16-82		9-9-83	SAC	Process

REPORT OF ONE CALL

VISIT

In _____ Out _____

Date 4- Time _____

File _____

Routing _____

Person Contacted Richard Cahill

244-2000

Phone No. 828-3593Location ToPak Inc.Subject Part A?

Summary I explained to Mr. Cahill that I was
unsure of whether or not he needed a permit.
He said that although present generation is
< 1000 kg/mo they have previously had 2000 barrels.
Since Nov 19th they have sent all but 20-30 of these
to an approved off-site disposal facility. They
have held waste 7-90 day, thus do need a permit,
however once they change their operation they will
no longer require a storage facility. I told him
that he should be aware that he has to comply
w/Part 265 and closure requirements when he expects
to close. He said that they were part of a corporation

Action Required out of Philly & they kept them informed
of the requirements

- Refile application -

Note: When I asked them for NPDES # he said
they have a cooling H₂O discharge and application
is in process.

Cathy A. Hebler
Signature

CTD010161099

☒ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

- A. (1) FORM 1 MISSING ☐
(2) FORM 3 MISSING ☐
- B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐
- C. (1) DATE of OPERATION MISSING ☐
(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐
- 2011 Notifier
D. ²⁰¹¹NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐
- E. (1) FORM 1, XIII B SIGNATURE missing ☐
(2) FORM 3, IX B SIGNATURE missing ☐

2. A. HANDLER ☒
B. NONREGULATED ☐
C. UNSURE ☐
D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)
E. NEW FACILITY ☐
F. CORE ITEM(S) MISSING ☐
G. NON-CORE ITEM(S) MISSING ☒
H. OTHER ☐

Coded:
003-country
code
4138100-lat
07245400-long
R 3/12

ITEM NUMBER

- II. Pollutant Characteristics ☐
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
- A. Street or P.O., Box ☐
- B. City or Town ☐
- C. State ☐
- D. Zip Code ☐
- VI. Facility Location
- *A. Street, Route Number ☐
- B. County Name ☐
- *C. City or Town ☐
- *D. State ☐
- E. Zip Code ☐
- F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
- *A. Name ☐
- *B. Is the name listed in VIII-A also the owner ☐
- C. Status of operator ☐
- D. Phone ☐
- *E. Street or P.O. Box ☐
- *F. City or Town ☐
- *G. State ☐
- H. Zip Code ☐

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. *1. Name and

☐

2. Official Title

☐

*B. Signature

☐

*C. Date Signed

☐

Comments:

Form 1 is missing

☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐2. New Facility Date (after November 19, 1980) ☐

*III. Processes

A. Process Code ☐

B. Process Design Capacity-Amount

1. Amount ☐2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

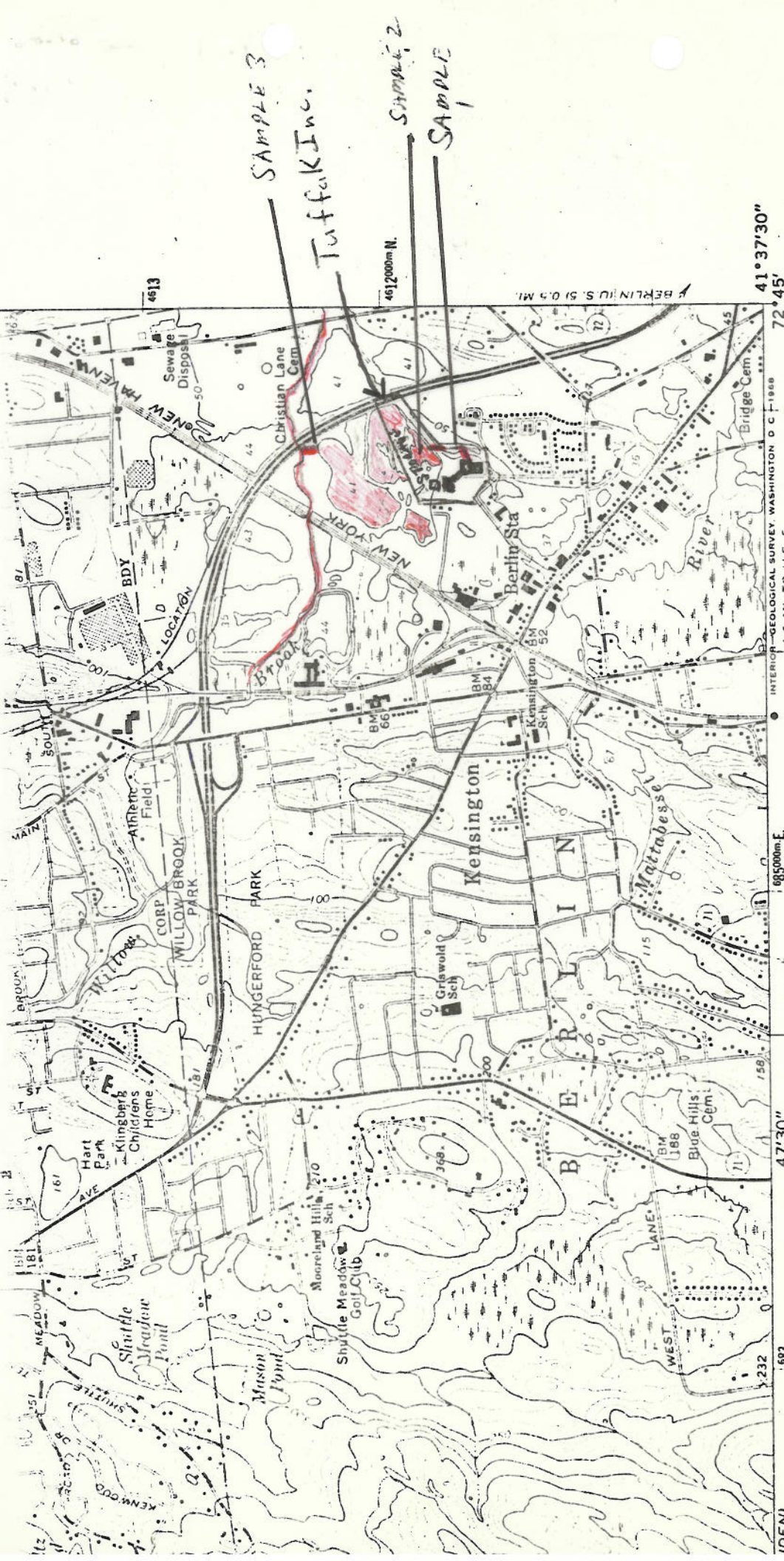
A. EPA Hazardous Waste Number ☐B. Estimated Annual Quantity ☐C. Unit of Measure ☐

D. Processes

1. Process Codes ☐2. Process Description ☐V. Facility Drawing ☐VI. Photographs ☒VII. Facility Geographic Location ☐

VIII. Facility Owner

*1. Name of Facility's Legal Owner ☐2. Phone ☐*3. Street or P.O. Box ☐*4. City or Town ☐*5. State ☐6. Zip Code ☐



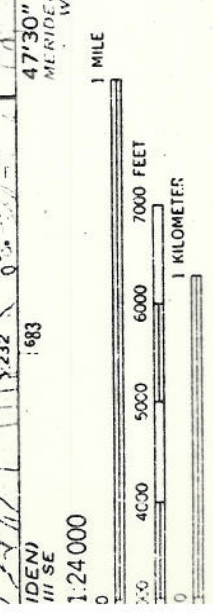
41°37'30"
72°45'
(MIDDLETOWN)
6467 II SW

ROAD CLASSIFICATION

- Heavy-duty —————
- Medium-duty —————
- Light-duty —————
- Unimproved dirt —————
- Interstate Route (thick line with cross-ticks)
- U.S. Route (thin line with cross-ticks)
- State Route (thin line)



QUADRANGLE LOCATION



INTERVAL 10 FEET
AN SEA LEVEL

NEW BRITAIN, CONN.

N4137.5—W7245/7.5

1966

AMS 6467 III NE—SERIES V816

NATIONAL MAP ACCURACY STANDARDS
SURVEY, WASHINGTON, D.C. 20242
S AND SYMBOLS IS AVAILABLE ON REQUEST



U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

CTD010161099

NAME OF INSTALLATION

TUFFAK INC
OLD BRICKYARD LANE
KENSINGTON

CT 06037

INSTALLATION MAILING ADDRESS

LOCATION OF INSTALLATION

OLD BRICKYARD LANE
KENSINGTON

CT 06037

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

CTD01016109931

800721

JUL 21 11 00 AM '80

NAME OF INSTALLATION

~~TUFFAK INC~~

INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P O BOX 436

CITY OR TOWN

ST.

ZIP CODE

KENSINGTON

CT

06037

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

~~OLD BRICKYARD LANE~~

CITY OR TOWN

ST.

ZIP CODE

~~KENSINGTON~~

~~CT~~

~~06037~~

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

CAHILL RICHARD H PLANT MANAGER

203-828-3593

OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

ROHM AND HAAS COMPANY

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ FEDERAL
☒ NON-FEDERAL

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

I. FIRST OR SUBSEQUENT NOTIFICATION

Enter "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

CTD010161099

DESCRIPTION OF HAZARDOUS WASTES

Go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 7 7	U 1 5 4	U 2 2 0	U 2 2 3	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)

☐ 2. CORROSIVE (D002)

☐ 3. REACTIVE (D003)

☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Richard H. Cahill Plant Manager	DATE SIGNED 7/17/80
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FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CT D010161099 </div>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	CT D010161099 Tuffak, Inc. Old Brickyard Lane Kensington, Conn. 06037 Old Brickyard Lane Kensington, Conn. 06037	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	TUFFAK INCORPORATED
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	CAHILL RICHARD H. PLANT MANAGER	203	828	3593		

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C	3	OLD BRICKYARD LANE	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4	KENSINGTON	CT 06037

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C	5	OLD BRICKYARD LANE	
B. COUNTY NAME		C. CITY OR TOWN	D. STATE
C	6	HARTFORD	CT
E. ZIP CODE		F. COUNTY CODE (if known)	
C	6	KENSINGTON	06037

CONTINUED FROM THE FRONT

SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
3079 (specify) Plastic Sheet Manufacturer										7 (specify)									
C. THIRD										D. FOURTH									
(specify)										(specify)									

I. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																			
ROHM AND HAAS COMPANY																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																																		D. PHONE (area code & no.)																			
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										A 215 592 3000																																							
S = STATE										O = OTHER (specify)																																																											
P = PRIVATE																																																																					
E. STREET OR P.O. BOX																																																																					
INDEPENDENCE MALL WEST																																																																					
F. CITY OR TOWN																																								G. STATE										H. ZIP CODE										IX. INDIAN LAND									
PHILADELPHIA																																								PA										19105										Is the facility located on Indian lands?									
																																																												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
in process																														9 P																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
																														(specify)																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
																														(specify)																													

MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

I. NATURE OF BUSINESS (provide a brief description)

Manufacturer (processor) of plastic sheet and film.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED																			
Richard H. Cahill, Plant Manager																																																												11/14/80																			

COMMENTS FOR OFFICIAL USE ONLY

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> CT D010161099 </div>																																																					
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III. NAME OF FACILITY			
1	SKIP	TUFFAK INCORPORATED	
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	CAHILL RICHARD H. PLANT MANAGER	203	828 3593
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	OLD BRICKYARD LANE		
B. CITY OR TOWN			
4	KENSINGTON	CT	06037
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	OLD BRICKYARD LANE		
B. COUNTY NAME			
HARTFORD			
C. CITY OR TOWN			
6	KENSINGTON	CT	06037

VIII. OPERATOR INFORMATION

REVERSE

F9: A/51

CONTINUE ON REVERSE

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 W C T D 0 1 0 1 6 1 0 9 9 3 1													1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 W DUP 2 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEA- SURE (enter code)	D. PROCESSES																	
	23	24	25	26	27	28	29	30		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
1	U	0	7	7	3500	000			P	S	0	1															
2	U	1	5	4	3600	000			P	S	0	1															
3	U	2	2	0	7500	000			P	S	0	1															
4	U	2	2	3	1500	000			P	S	0	1															
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	C	T	D	0	1	0	1	6	1	0	9	9	T/A/C	3	6
1	2												13	14	15	

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FG: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FG: N/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	1	3	8	1	0	N
65	66	67	68	69	70	

LONGITUDE (degrees, minutes, & seconds)

7	2	4	5	4	0	W
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

S	E	ROHM AND HAAS COMPANY
15	16	

2	1	5	-	5	9	2	3	0	0	0
53	54	55	56	57	58	59	60	61	62	63

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

S	F	INDEPENDENCE MALL WEST
15	16	

S	G	PHILADELPHIA
15	16	

P	A
40	41

1	9	1	0	5
42	43	44	45	46

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Roy H. Duvane



11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Richard H. Cahill



11/14/80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER
CTD01016109931
APPROVED
DATE RECEIVED (yr., mo., & day)
800721

I. NAME OF INSTALLATION

TUFFAK INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 436

CITY OR TOWN

KENSINGTON

ST.

ZIP CODE

CT06037

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

OLD BRICKYARD LANE

CITY OR TOWN

KENSINGTON

ST.

ZIP CODE

CT06037

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

CAHILL RICHARD H PLANT MANAGER 203-828-3593

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

ROHM AND HAAS COMPANY

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

CTD010161099

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

CTD010161099

TUFFAK INC.

CTD010161099

12/16
Box AV
G